

## Book Review

### For Want of a Nail . . . : A Review of *Evaluating Behavior Therapy Outcome*,

Edited by R. McM. Turner and  
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Abraham Maslow is often cited for his ingeniously backward approach to a problem in stimulus control, namely, that if your only tool were a hammer, you would see every problem as a nail. (A forward approach might suppose that if nails could be made a large enough stimulus class for you, the only tool you need buy would be a hammer.) Turner and Ascher have edited a book that shows us that their sample of behavior therapists no longer see every problem as a nail (anxiety); they now see nails (anxieties), screws (social-skill deficits), and nuts and bolts (depression). Thus they no longer reach always for their hammer (systematic desensitization) or sledgehammer (flooding and its mod new look-alike, paradoxical intention); they now also use a drill to make the holes (cognitive therapy), a screwdriver (token systems), and a wrench (punishment).

The practice of behavior therapy has long dealt with many classes of behavior, and then in very few categories of those behavior classes, and thereby in correspondingly few categories of treatment. This collection of chapters on outcome evaluation exemplifies that approach. Many of the behavior classes dealt with are labelled alcoholism, anger, depres-

sion, constipation, encopresis, urinary retention, sexual dysfunction, bad thoughts, hypertension, illness, insomnia, or asthma. But most of these are then categorized as a fear of whatever seems logically adequate to make the behavior look like avoidance, whereupon either the hammer or the sledgehammer is taken up to desensitize or flood the patient. Refreshingly, a few of these topography classes are now categorized as outcomes of social-skill deficits or of depression, and one of the few new, different tools is taken up accordingly. If your only strategy is matching treatment category to problem category, you will progress from one of each category to several of each, or you will begin to look rather limited—but while that is better than not doing so, it is still the same strategy.

So far in the texts of behavior therapy (and in this book), these categorizations are rarely made analytically (i.e., empirically); instead, they are made intuitively, sometimes shrewdly, sometimes from experience, sometimes from habit, and sometimes from precedent. If these categorizations had been made analytically (behavior-analytically would seem appropriate for behavior therapy, wouldn't it?), then we would know what function each problem behavior served, because we would have proved that through the analytic manipulations of the existing environment necessary to reveal what makes these behaviors work the way that they do in this client.

Knowing the controlling function, we could then set about changing the existing environment so as to alter or cancel that

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function, change its stimulus controls, or find a better behavior to serve it. Not knowing the controlling function, we can still attempt to over-ride it, whatever it may be, with the most powerful techniques that we can muster. Rarely would there be a single tool for either purpose; most often, we would use almost every tool that we owned. And rarely would we categorize either the problem behavior or the tools, because if we knew the controlling functions, we would see two things:

(1) There is no dependable correlation between a problem topography and its controlling function. For example, there must be a half-dozen functions, any of which could control insomnia (get sympathy at work? attention from your peers? incapacitate yourself for certain kinds of employment? collect disability compensation? annoy your spouse? avoid nightmares? etc.); and for each of those functions, there must be a dozen environmental variations for the natural shaping of insomnia to serve that function, and for each of those, a dozen ways to establish idiosyncratic stimulus controls. Then, if problem topography and its controlling functions and the stimulus controls for that topography to serve that function do not always correspond, we cannot realistically match problem-topography categories to treatment categories.

The most realistic treatment is to deal with the controlling function, and when we look in fact rather than assume from theory or precedent, we find that function is not correlated with the problem's topography. (In my opinion, we have already found this to be true in case after case—in those cases where we have looked for function rather than assumed that we knew it from the topography of the problem or the nature of its stimulus controls. Others may read those data differently, but the point is to at least read them.)

(2) Besides, there are always many ways to alter or cancel that controlling function, or change its stimulus controls, or otherwise serve it better, and we should be deep in a consideration of all those tactics, for which experience is a far better guide than pseudo-analytic categorizations.

And when we do not know the controlling function of a problem behavior and therefore decide to over-ride it, whatever it may be, we may not see the preceding two things, but surely we should suspect them; and that ought to lead to much the same noncategorization behavior on our part, plus quite a bit of worry about generalization and maintenance, the classic problems usually left after over-riding some function (probably still being programmed by some other agency; wherever and whenever your over-

ride program does not operate). Thus, we would probably use more tools than ever.

This book is deep in its own paradox of unintention, in that it includes quite competent chapters on token economies and punishment. Those are procedures that can be applied to an indefinite range of problem topographies; they have no correspondence to one kind of problem or another, no status as the sole, peculiarly appropriate, or unique solution to any behavior problem. Because of that, it is too bad to see them represented in this book as if they were just that unique and special. It is not the authors of their chapters who make this representation, of course; it is the editors' decision to represent these procedure classes while ignoring the rest of the behavior-change technology to which they belong. That selectivity implies that these procedure classes are somehow uniquely behavior-therapeutic, but they are not. (Which is not to deny that each has its special social-validity characteristics: Any technique recognizable as punishment probably should be used only as a last resort; and any technique recognizable as token reinforcement probably should be used only as a first resort, usually to be faded out of recognizability as soon as practical.)

What if behavior therapy were to make very extensive use of token-economy and punishment procedures? The essence of these procedures is that they have no correspondence to the problem to be solved, and thus invite prior analysis of what the problem really is, in terms of the problem-behavior's controlling functions that need to be altered, cancelled, recontrolled, or served better. Logically, use of these procedures requires us to abandon behavior therapy's most distinctive characteristic of requiring that all problems be seen as either nails, screws, or nuts and bolts (each of which has its unique treatment). If behavior therapy did that, it could cease to be the self-fulfilling prophecy that it still is. If it did not see so many of its traditional nails in need of a hammer, it would probably analyze a great deal more of behavioral function than it has so far. Here is a case where, for want of a nail, a battle could be won.